

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

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|--|---|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b> | COURT CASE NUMBER<br><b>CR04-10162-DPW</b>  |
| DEFENDANT<br><b>CHARLES A. GUIDA</b>         | TYPE OF PROCESS<br>Preliminary Order of Forfeiture<br><b>10/13/05 10/12/05</b>  |
| <b>SERVE AT</b>                              | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFINDE<br><b>Charles A. Guida, 25377-038</b><br>ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>FMC DEVENS, Federal Medical Center, P.O. Box 879, Ayer, MA 01432</b> |

|   |   |
|---|---|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  | Number of process to be served with this Form - 285 |
| Jennifer H. Zacks, Assistant U.S. Attorney<br>United States Attorney's Office<br>John Joseph Moakley United States Courthouse<br>1 Courthouse Way, Suite 9200<br>Boston, MA 02210 | Number of parties to be served in this case         |
|   | Check for service on U.S.A.                         |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named individual via certified mail, return receipt requested.

**04-OP-000900**

JJ xi 3297

|   |   |                                    |                      |
|---|---|------------------------------------|----------------------|
| Signature of Attorney or other Originator requesting service on behalf of :<br><br><i>J. A. T. D.</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(617) 748-3100 | DATE<br>June 2, 2005 |
|---|---|------------------------------------|----------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|  |                            |                                     |                                    |  |                         |
|--|----------------------------|-------------------------------------|------------------------------------|--|-------------------------|
| Acknowledge receipt for the total number of process indicated.<br>(Sign only next USM 285 if more than one USM 285 is submitted) | Total Process<br>No. _____ | District of Origin<br>No. <b>38</b> | District to Serve<br>No. <b>35</b> | Signature of Authorized USMS Deputy or Clerk<br><i>Mary J. Wiley</i> | Date<br><b>10/13/05</b> |
|--|----------------------------|-------------------------------------|------------------------------------|--|-------------------------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|   |   |
|---|---|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
|---|---|

|   |                                    |                  |
|---|------------------------------------|------------------|
| Address (complete only if different than shown above) | Date of Service<br><b>10/13/05</b> | Time<br>am<br>pm |
|---|------------------------------------|------------------|

|             |  |                |               |                  |                              |                  |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavor) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|

## REMARKS

*10/13/05 Certified # 7002 0510 0004 1358 1010  
10/11/05 Delivery Date*

*0*